

INCIDENT OBJECTIVES		Date Prepared	Time Prepared	Incident Name / Number
From: (Date)	From: (Time)	To: (Date)	To: (Time)	Operational Period

Objectives for Incident (Include Alternatives)				

Weather Forecast for Operational Period				

General Safety Message				

Attachments (to Complete Incident Action Plan)				
<input type="checkbox"/> Organization Assignment List (ICS 203)	<input type="checkbox"/> Radio Communications Plan (ICS 205)	<input type="checkbox"/>		
<input type="checkbox"/> Incident Map	<input type="checkbox"/> Traffic Plan (Internal & External)	<input type="checkbox"/>		
<input type="checkbox"/> Task Assignment Forms (ICS 204)	<input type="checkbox"/> Medical Plan (ICS 206)	<input type="checkbox"/>		

ICS 202  Rev. 9-6-97	Prepared By (Planning Section Chief)	Approved By (Incident Commander)